## **New Hampshire Division of Archives & Records Management**

## **RECORDS RETENTION AUTHORIZATION**

Department:					Divi	sion:				_
Item No.	Suffix No.						n Total		Comments	
Prepared By			/			/			/	
1	-	Signature		Type or print name		D	ate Sign	ned	Telephone	
Approved By				/			/		/	
		Signature		Type or print name			Title		Date Signed	
Appr	oved by	State Records Manag								
			Signature						Date	
Appr	oval to	begin transfer to Recor	ds							
Director/State Archivist									Date	